

EMT-PARAMEDIC OPERATIONAL PLAN COMPONENTS

The following information **must be compiled and submitted** in similar outline format with a completed EMS Provider Application and Operational Plan form. Written approval of this plan by the State EMS Office is mandatory prior to implementation.

PROGRAM COMPONENTS	
I. Demographics	
A. Completed feasibility study submitted and approved by DHFS-EMS.	HFS 112.07(4)(d)
B. Provide a general description of the population and community characteristics of the primary service area.	HFS 112.07(2)(e)
II. Operations (staffing, response, infection control, protocols, policies and procedures)	
A. Provide a description of how the provider will use Medical First Responders and/or EMTs (of all levels) in the system.	HFS 112.07(2)(e)
B. Describe how the provider uses EMTs-Paramedic to assure that 24/7 prompt and efficient emergency (9-1-1) response is available to the primary service area covered by the provider.	HFS 112.07
C. If the provider is a one-paramedic service, provide a statement indicating the paramedic will remain in the patient compartment during the transport of any patient requiring paramedic level skills.	HFS 112.07
D. Describe the relationship between this service and other emergency medical and public safety services in the geographical area.	HFS 112.07
E. Describe how this service will integrate with local, county or regional disaster preparedness plans.	HFS 112.07
F. Provide evidence of local commitment to this emergency medical service program to include letters of endorsement from local and regional medical, governmental and emergency medical services agencies and authorities.	HFS 112.07
G. Identify the Regional Trauma Advisory Council (RTAC) that the service has chosen for membership.	HFS 112.07
H. Submit a roster of licensed personnel to be utilized. If new service, submit license applications for all EMT personnel.	HFS 112.07
I. Submit protocols, signed and approved by the medical director, that identify use of: a. Specific medications allowed within the scope of practice for EMTs-Paramedic b. Specific equipment allowed within the scope of practice for EMTs-Paramedic c. Skills and procedures <i>Protocols must describe how medical treatment will be provided by all levels of EMT and at what point in a protocol direct voice authorization of a physician is required.</i>	HFS 112.07(2)(o)
J. Provide copies of written mutual aid and backup agreements with other ambulance services in the area.	HFS 112.07
K. Provide copies of all personnel operating policies, procedures and guidelines.	HFS 112.07
L. Provide a copy of the controlled substances plan that will be used for acquiring and storing controlled medications.	HFS 112.07

III. Infection Control

Federal bloodborne and airborne guidelines can be referenced in 29CFR1910.1030 and 29CFR1910.134, respectively. Occupational health and safety guidelines for public employers are included in Wisconsin Administrative Code Comm 30 and Comm 32.

- A. Provide a statement indicating that your service has an infection control plan and policies.

HFS 112.07

- B. Provide a statement indicating that your service has a Bloodborne and Airborne Exposure Control Plan and provides annual training on that plan in accordance with applicable state and federal guidelines.

- C. Describe your service's post-exposure procedures.

- D. Describe your service's review and use of safety engineered devices.

- E. Identify date that your Exposure Control Plan was last reviewed and updated.

- F. Identify date of last training on your service's Exposure Control Plan.

IV. Communications/Dispatch

- A. Provide a description of the communication system between medical control and the EMS unit.

HFS 112.07(2)(g)

- B. Does each ambulance owned and operated by this service have two-way radio equipment operating on the 155.340 and 155.400 Mhz?

- C. Is two-way communications available and operational from the patient's side?

- D. Describe how calls are dispatched and answered.

HFS 112.07(2)

- E. Describe local dispatch policies and procedures or insert a copy of these policies.

- F. How are Medical First Responders dispatched?

HFS 112.07(2)

- G. Describe who does the dispatching.

HFS 112.07(2)(g)

- H. Are dispatchers medically trained?

HFS 112.07(2)(g)

- I. Do dispatchers provide pre-arrival instructions?

HFS 112.07(2)(g)

IV. Transportation

- A. Provide evidence that all ambulances to be used by the service have been inspected within the last 2 years (6 months for newly acquired vehicles) and are in compliance with Trans 309 with all required paramedic equipment. (State Ambulance Inspector (608)-220-3246.)

HFS 112.07(2)(q)

V. Education and Training/Competency

- A. Describe the methods by which continuing education and continuing competency of personnel will be assured. (Provide type of education, testing, frequency, instructor, etc.)

HFS 112.07

- B. Describe who will assure EMT-Paramedic personnel competency?

HFS 112.07(2)(h)

V. Quality Assurance

- A. Submit a plan describing how the service will provide quality assurance and improvement.

HFS 112.07(2)(l)

- B. Provide copies of policies and procedures to be used in medical control implementation and evaluation of the quality assurance program.

HFS 112.07(2)(l)

- C. Provide a description of the benchmarks to be used by the service to assure competency of all field personnel.

VI. Data Collection	
A. Describe the method of data collection being used by the provider.	HFS 112.07(2)(m)
B. Provide a statement that agrees to submit data to the Department when requested.	HFS 112.07(2)(m)
C. Describe the ambulance report form being used by this provider. If other than the Department approved form, submit a copy of the form for review.	HFS 112.07
24-MONTH PHASE IN OF FULL-TIME COVERAGE Service provider wanting to provide EMT-Paramedic coverage over a phase-in period shall submit an operational plan to the Department that includes all of the elements under HFS 112.07(2) and the following:	
VII. Operations	
A. Service provider must show evidence of hardship which requires request for 24-month phase in.	HFS 112.07(3)
B. A description in detail of why the phase-in period is necessary, how the phase-in will be accomplished and the specific date (not to exceed 24 months from the initiation of the part-time EMT-Paramedic service) by which full-time service will be achieved.	HFS 112.07(3)(b)
C. A description of how quality assurance and EMT-Paramedic skill proficiency will be evaluated during the phase-in period.	HFS 112.07(3)(b)
D. Provide a statement that during the phase-in period all regulatory requirements for EMTs-Paramedic shall be met except for the requirement to provide 24-hour-per-day, 7-day-per-week coverage.	HFS 112.07(3)(c)
E. Provide a statement that an EMT-Paramedic ambulance service provider that does not achieve full-time coverage within the approved phase-in period (24-months maximum) shall cease providing EMT-Paramedic service and shall revert back to previous license level providing EMT-Intermediate, EMT-Intermediate Technician or EMT-Basic service.	HFS 112.07(3)(d)
INTERFACILITY PARAMEDIC PLAN APPROVAL (EMT-Paramedic interfacility coverage means scheduled or prearranged transportation and non-emergent or emergent care of a patient between health care facilities.)	
VIII. Operations An EMT-Paramedic interfacility operation plan shall include all the elements under HFS 112.07(2) and all of the following:	
A. Describes how interfacility EMT-Paramedic services will be provided.	HFS 112.07(4)(c)
B. Describe the types of patients who will be transported.	HFS 112.07(4)(d)
C. Describe the crew configuration and personnel to be used on specific type of patient transfers based upon the patient's condition.	HFS 112.07(4)(d)
D. Describe what additional critical care training will be required for paramedics providing interfacility transportation.	HFS 112.07(4)(d)
E. Provide written protocols specific to interfacility transfers.	HFS 112.07
F. Provide written protocols under which non-EMT healthcare professionals will operate.	HFS 112.07
G. Provide a statement indicating the understanding that providing interfacility transports will not interrupt 9-1-1 emergency response.	HFS 112.07
H. The interfacility transport plan must address hospital to nursing home and return, hospital to hospital, hospital to home, etc. types of calls.	HFS 112.07
IX. Education	
A. Describe the methods by which continuing education and competency of personnel will be assured. (Interfacility requirements differ from typical 9-1-1 responses and education and training should be appropriate.)	HFS 112.07

SEASONAL PARAMEDIC PLAN APPROVAL (Seasonal EMT-Paramedic coverage means pre-hospital EMT-Paramedic service provided during specific times of the year when the population of an area has substantially increased for a minimum of 30 consecutive days and the EMT-Paramedic service is maintained on a 24-hour-per-day, 7-days-per-week basis for the duration of the population influx.) To be approved, an EMT-Paramedic operational plan for seasonal EMT-Paramedic coverage shall meet all the requirements under HFS 112.07(2) and all of the following:

X. Operations

A. Submit annually a letter and any changes in operation to the original plan. The letter shall also include an updated roster of EMTs-Paramedic, proof of insurance coverage and proof of vehicle inspection under Trans 309, Wis. Administrative Rules.

HFS 112.07(6)(c)

B. Describe the dates during which population increases take place and EMT-Paramedic service would be available and how the public is notified of the change in level of service.

HFS 112.07(6)(d)

C. Describe the approximate population served during the increase.

HFS 112.07(6)(d)

D. Describe the reason for the population increase.

HFS 112.07(6)(d)

E. Describe EMT-Paramedic staffing including:

- the number of EMTs-Paramedic required to provide full-time coverage
- how EMT-Paramedic personnel will be provided
- number and location of ambulances

HFS 112.07(6)(d)

F. Include agreements with the primary ambulance service provider (if different), the local medical director and receiving healthcare facilities that describe how services will be integrated or mutual aid provided.

HFS 112.07(6)(d)

G. Describe in detail why EMT-Paramedic service is not feasible or necessary in the area on a full-time year-round basis.

HFS 112.07(6)(d)

SPECIAL EVENT EMT-PARAMEDIC COVERAGE APPROVAL (This section means pre-hospital EMT-Paramedic service provided at a specific site for the duration of a temporary event which is outside the ambulance service provider's primary service area or at a higher license level within the provider's primary service area). If the special event license application is at a higher level of care than the service is currently licensed to provide, a specific operational plan for special events shall be submitted and approved that includes all the elements under HFS 112.07(2) that differ from the existing approved plan.

XI. Operations

A. Describe how the special event differs from the existing approved operational plan.

HFS 112.07(5)

B. Describe how the ambulance service applying for special event coverage will work in conjunction with the primary emergency response ambulance service in the area.

HFS 112.07(5)(c)

C. Provide letters of support from the primary ambulance service provider indicating they are aware of and agree to allow the special event ambulance provider to operate within the primary service area.

HFS 112.07(5)(c)

D. Provide written protocols for patient care for the special event.

HFS 112.07

E. Provide a letter from the medical director responsible for EMT-Paramedic services during the special event indicating acknowledgement of responsibilities.

HFS 112.07